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CONFIRMATION NO. 3882

SERIAL NUMBER 10/828,545	FILING OR 371(c) DATE 04/20/2004 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. P-9618.05
APPLICANTS Kenneth M. Riff, Orono, MN; Gregory J. Linden, Shorewood, MN; Kurt R. Smith, Boulder, CO;				
** CONTINUING DATA ***** This application is a CON of 09/943,193 08/29/2001 which claims benefit of 60/228,961 08/29/2000 and claims benefit of 60/228,674 08/29/2000 and claims benefit of 60/228,686 08/29/2000 and claims benefit of 60/228,685 08/29/2000 and claims benefit of 60/228,645 08/29/2000 and claims benefit of 60/228,699 08/29/2000 and claims benefit of 60/228,698 08/29/2000 and claims benefit of 60/228,697 08/29/2000 and claims benefit of 60/228,696 08/29/2000				
** FOREIGN APPLICATIONS ***** none				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 46
Examiner's Signature <i>[Signature]</i> Initials <i>W</i>		INDEPENDENT CLAIMS 20		
ADDRESS 27581				
TITLE Medical device systems implemented network scheme for remote patient management				
FILING FEE RECEIVED 2830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	